



Lone Willow Farm

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www.lwfperennials.com

MAIL ORDER FORM

CUSTOMER INFORMATION

| | |
|----------------------|---------------|
| NAME: _____ | DATE: _____ |
| ADDRESS: _____ | PHONE: _____ |
| CITY, ST, ZIP: _____ | E-MAIL: _____ |

SHIP TO: Same as above Or: Address Attached

Requested Ship Date: _____ Special Instructions: _____

| QUANTITY | DESCRIPTIONS | PRICE EACH | TOTAL PRICE |
|----------|--------------|------------|-------------|
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| <input type="checkbox"/> Check or Money order enclosed |
| <input type="checkbox"/> Pay Pal payment made |
| <input type="checkbox"/> Credit card payment (Visa or MasterCard) |
| Card number: _____ |
| Exp.Date: _____ Signature: _____ |

| | |
|------------------------------|-------|
| PLANT TOTAL | _____ |
| SHIPPING | _____ |
| ADJUSTMENTS | _____ |
| 6% SALES TAX WV RESIDENTS | _____ |
| TOTAL | _____ |

Feel free to include additional pages of information & instructions if needed. Thank you